



## IMPACT OF DEPRESSION DURING PREGNANCY ON MOTHER AND NEWBORN

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**ABSTRACT** Pregnancy is a life changing event in a woman's life. During pregnancy, depression, a psychiatric disorder, is faced by several women. It has become an important public health issue. Present study considers various studies that are in concern with depression during Pregnancy. In this paper imposed effects of depression on mother and infant are also studied. In the last section a discussion is made.

**Discussion:** Depression during pregnancy has its influence on mother mental health as well as on child development. There is a need to emphasize screening for depression during pregnancy so that suitable treatments could be given, especially for a woman belonging to less educated and low income family in rural areas of India.

**KEYWORDS :** Depression, Psychiatric disorder, Pregnancy

### Introduction

According to World Health Organization (WHO), depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. The burden of depression is found reported 50% higher for females than males. In 2004, the WHO estimated that over 150 million people were living with depressive disorders. (World Health Organization, 2008). Depression is reported as third leading cause of the global burden of disease as measured using the Disability-Adjusted Life Years (DALYs), contributing upto 4.3% of the DALYs. In the high and middle-income countries, it is found observed as the leading cause of the burden of disease whereas in low income countries it is reported as the 8th leading cause. According to an estimate, depressive disorders will be the leading cause of the global burden of disease by the year 2030 (World Health Organization, 2004; anonymous, 2011).

If we put our concentration on prevalence, depression is reported prevalent in pregnant women, affecting 10–25% of women (Anderson L et al, 2003; De Tychev C et al, 2005; Marcus S et al, 2004; Stowe Z. N et al 2005). Various studies, also disclosed prevalence rates that observed ranging between 13% to 20.8% (Priscila K P et al, 2009; Freitas GVS et al, 2002; Lovisi GM et al, 2005; Faisal C A et al, 2007; Luis MAV et al, 1998; Mitsuhiro SS et al, 2006; Ferri CP et al, 2007).

According to Martins et al maternal mental disorders are major complication of pregnancy (Martins, C et al, 2000). Research in developing countries suggested that maternal depression may be a risk factor for poor growth in young children (Rahman A et al, 2008). The negative effects of maternal depression are found increasing including growth and immune problems, malnutrition, illness in the infants of depressed mothers during the first year of life, behaviour problems (Mohan D et al, 1998), hyperactivity and aggression (Stormont S M et al, 1995), repeat injuries (Russell KM, 1998) and an increased incidence of child maltreatment (Field T. et al, 2002; Raynor P et al, 1996; Guedeny A, 1997; Francois J et al, 1996; Stormont et al, 1995; Russell KM, 1998; Runyan DK et al, 1997).

As far as prenatal depression is concerned, it is found reported ranging between 6% to 38% (Tiffany F, 2011) However prenatal depression rates were found having variations within cultures such as the British culture, 20% in Canada and 31% in England (Bowen A, 2006; Hay D F, 2008). In one of the studies Michael T et al revealed that the prenatal period is a critical time for neurodevelopment and thus it is a period of vulnerability during which a range of exposures have been found reported to exert long term changes on brain development (Michael T K et al, 2009). Different studies revealed that women who experience prenatal depression produce more cortisol (stress chemicals) than mothers who do not experience depressive symptoms during pregnancy (anonymous, 2015; anonymous, 2009).

As far as perinatal depression is concerned, in high-income countries, such type of depression is estimated to affect 10% to 20% of women during the perinatal period (Gavin NI et al, 2005; Cooper PJ et al, 1996; O'hara MW et al, 1996). One of the studies reported its adverse effect on women's health as well as on maternal behaviour towards the

children and childcare practices ((McLennan JD et al, 2000; Groer M et al, 2005; Turner C et al, 2003; Bartlett SJ et al, 2004).

In case of perinatal depression, in a study it was reported that more children born to mothers with perinatal depression had at least one GI infection (60.6%) than children born to mothers without perinatal depression (49.2%). It was also found reported that when only episodes of childhood infections with at least one antibiotic prescription were considered, the prevalence was observed decreased to 5.2% and 3.6% for GI infections. In the same study the overall rates of childhood GI infections observed were 3.41 per 10 person-years (95% CI 3.35-3.47) for children of mothers with perinatal depression and 2.44 per 10 person-years (95% CI 2.43-2.46) for children of mothers without perinatal depression. (Lu Ban et al, 2010).

If we concentration ourselves on Postpartum depression it is found characterized by tearfulness, despondency, emotional lability, feelings of guilt, loss of appetite, suicidal ideation, and sleep disturbances as well as feelings of inadequacy and inability to cope with the infant, poor concentration and memory, fatigue, and irritability, worry about breast feeding. (Robinson GE et al, 2001).

Kumar R et al also reported in a study that women who have experienced postpartum depression are at risk of suffering further episodes of illness, both following subsequent deliveries and also unrelated to childbirth (Kumar R et al, 1984; Br Psychiatry J et al, 1987; Warner R et al, 1996).

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